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Tammy ([00:02](#)):

Welcome to this special episode of Coming Together for Sexual Health. Today, we are featuring a conversation on monkeypox. Information on this topic is changing rapidly and we want to note that this episode was recorded on May 31st, 2022. So please visit the CDC's website for the most up to date information as things change.

Welcome to Coming Together for Sexual Health, where we talk about enhancing sexual healthcare.

Speaker 2 ([00:29](#)):

For most of us having sex is easier than talking about it.

This is not related necessarily to the people who have the infection, it's related to the healthcare system in which they exist.

Speaker 4 ([00:43](#)):

What can I do? What can I learn that impacts change for the people that are in my sphere of influence?

Speaker 3 ([00:51](#)):

This is so preventable.

Tammy ([00:55](#)):

These conversations are brought to you by the California Prevention Training Center at the University of California, San Francisco. It's time, let's come together for sexual health. Today, we're really lucky to have Dr. Ina Park here with us. Welcome to Coming Together for Sexual Health, Ina Park.

Dr. Ina Park ([01:18](#)):

Thanks. I'm happy to be here.

Tammy ([01:19](#)):

Great to have you. Ina is the medical director of the California prevention training center. You're also the associate professor in the Department of Family and Community Medicine at UCSF. And you're a medical consultant in the division of STD Prevention at the CDC. You co-authored the 2021 CDC, STD Treatment Guidelines which I know were long delayed and came out with an awesome push last year. And I would be remiss not to mention your excellent and hilarious, surprisingly funny book, Strange Bedfellows. So if you haven't read that, I highly recommend it to our listeners.

Dr. Ina Park ([01:55](#)):

Thanks, Tammy. And by the way, I got promoted so your girl's a full professor now. Woo.

Tammy ([01:59](#)):

Yay.

Dr. Ina Park ([02:00](#)):

Yep.

Tammy ([02:02](#)):

I love it.

Dr. Ina Park ([02:04](#)):

And I'm happy we're talking about monkeypox and the reason why some of the folks who are in sexual health are getting involved is that it is behaving a little bit like an STI right now even though it's not exclusively sexually transmitted. And so we have both the pox virus people involved and then the STI control people involved as well.

Tammy ([02:25](#)):

Yeah. Thanks for starting out with that. I think that's a great foundation because it's a little confusing. People are relating to this disease in different ways. So to start us off first things first, what is monkeypox and why are we talking about monkeypox now?

Dr. Ina Park ([02:38](#)):

So monkeypox is a virus and it's interesting because there's other diseases that are known as pox like syphilis, for example, is known as the great pox. But syphilis is a bacteria and monkeypox is a virus and contrary to its name, it's actually, more commonly transmitted to humans from rodents and not necessarily from monkeys. We don't actually, have that of interaction with monkeys on a regular basis but much more so with rodents. And then of course, there's the person to person transmission. And so monkeypox is endemic to Africa and specifically, to Western Africa. And the interesting thing about what's going on right now with monkeypox around the world is that some of the cases including those in the US are in folks who did not travel to areas where monkeypox usually occurs. And so it appears that they have been cases that are transmitted person to person and in this case for many of these cases by sexual contact.

Tammy ([03:36](#)):

And what's the scale of the outbreak at this point as we know it?

Dr. Ina Park ([03:40](#)):

Yeah. So we did mention that it's May 31st and by the time people listen to this when this episode drops it will probably, have changed. But as far as we know right now, there are over 250 confirmed cases and that's in about 16 countries and in the United States, we know of at least three states and then California's also working up a case with authorities. And then I just have heard through the grapevine that there are multiple other states working up cases right now. So again, it's a moving target.

Tammy ([04:09](#)):

Right. And what's different about this outbreak versus previous outbreaks, who is it affecting regionally and which communities.

Dr. Ina Park ([04:16](#)):

Yeah. And so I think one of the misconceptions that's been going around is that because there have been a lot of cases that have occurred in men having sex with men that's the community that I would say is most affected at this point. That folks are saying in the media, this is a gay virus or a disease that only affects folks that are gay. And the truth is that this virus is transmitted through any close contact.

And while so far the cases have predominantly happened in men who have sex with men that may be because that there were two large parties in Europe where lots of folks travel from all over the world and sex happened at those parties. And so I think it got into a particular network where close contact was happening because we know sex by definition is close contact. So I think it's a coincidence that it happened that way but I don't want folks to come away thinking that there's anything particular about the virus that targets folks of a certain gender or sexual orientation because that's not the case.

Tammy ([05:28](#)):

And how about in those countries where monkeypox has been endemic for some time?

Dr. Ina Park ([05:32](#)):

Sure.

Tammy ([05:33](#)):

What is it like there?

Dr. Ina Park ([05:34](#)):

Yeah. I mean, I think certainly, there is transmission from animals to humans and then within a family. For example, if you had close contact with a sore or it can be spread through respiratory droplets, there can be transmission within families as well. But again, it's not behaving in the same way in terms of the symptoms, typically someone presents with a rash, often the lesions appear all at the same time. It sometimes starts centrally around the face and spreads all the way to the arms and legs and to the hands and feet which mimics by the way the other pox which is syphilis. But in this case, a lot of the folks are showing up actually, with lesions on the genitals or in the rectal or anal areas.

So people are thinking, "Oh, it's just like a garden variety STI." And that's why it's so confusing this time, Tammy, because it's not presenting in the usual way that the cases that have typically presented in relationship to Africa have presented. So it's a new... It's just looking a little bit different and the other point I wanted to make is that, monkeypox can be fatal. But what we've seen with this particular cluster of cases that's been happening around the world is that it does not appear to be as fatal as prior outbreaks have been.

Tammy ([07:03](#)):

And that's definitely great news for [inaudible 00:07:05].

Dr. Ina Park ([07:04](#)):

I know it's [inaudible 00:07:07]. Because obviously, I mean, we're not even over COVID and providers out there who are listening, we're all tired. And it's like, "Oh my gosh, it's like another thing to think about," but this is not nearly as contagious as COVID. And so transmission does not happen as easily so I don't want folks to think, "Oh my God, we're going to be in a monkeypox pandemic," I really don't think that's true. But I do want people to understand that if you diagnose someone, someone has genital ulcer, you're like, "Oh, they have herpes, I'm just going to treat them, let me do a herpes test." If that's negative, you know what I mean? And let's say use testing for syphilis also and that's negative you probably, need to bring them back and have a conversation with them.

And we are encouraging folks to do a travel history on people right now who are coming in with rashes just to get a sense, did they travel and have sex at one of these parties in Spain or Belgium where

lots of cases seem to be connected? Have they traveled to a monkeypox endemic area? So travel history is something we do pretty routinely in our sexual health clinic. But I think it's just a great idea for folks to have it in their mind right now, now that monkeypox is here and can mimic herpes or syphilis or other STIs.

Tammy ([08:21](#)):

That's a great piece of information for providers to take forward to do the testing and then bring folks in if they don't find the cause right away. And I'm wondering if there's anything else that you think providers are asking right now or need to know as they take on seeing patients that also might come in with this concern, given how monkeypox is being talked about in the news.

Dr. Ina Park ([08:43](#)):

Right. I mean, absolutely. Tammy, I think common things are common. So most people walking in with something going on in the genital or rectal area are likely going to have a garden variety STI. If your index of suspicion gets raised because you're like, "Ooh, they traveled or they actually, were a contact to a case," what you need to do right now, there are actually, two prophylactic vaccines and there are also two potential antiviral treatments but all of those have to be accessed through your state health department. And the state health department actually, liaises the CDC to get that. So it's not a clinician practicing in any particular clinic would be able to access those things directly, it has to be coordinated with the state.

So right now to make the diagnosis you actually, have to do PCR test which you're familiar with from our COVID times. And you actually, have to do a COVID PCR... I mean, a PCR test, excuse me, to verify that it's in the right family of viruses called orthopox and then they do another PCR test at CDC to verify that it's monkeypox. And actually, two PCR tests are needed to make the diagnosis and CDC has to do one of them. So it is absolutely, going to have to involve coordination with the health department no matter what if you have a suspected case.

Tammy ([10:06](#)):

Got it.

Dr. Ina Park ([10:06](#)):

Yeah. And then can I just add one more thing, Tammy?

Tammy ([10:08](#)):

Please.

Dr. Ina Park ([10:09](#)):

That let's say, because I was just talking to colleagues this morning who have had verified pieces in their clinic and then the healthcare providers who were in contact with that patient now are asking, "Well, what about me?" And what is being recommended right now is that we don't know exactly if you were in contact with a patient but you had on a mask and gloves. Many people would need to make a shared decision about getting a prophylactic vaccine which is the smallpox vaccine is actually, effective at preventing monkeypox. So some of the providers chose to get it, some did not but if you want prophylaxis against developing monkeypox and you had contact with a patient who was known to be a case then there are two FDA approved vaccines for smallpox that are available.

Tammy ([11:05](#)):

And would those be available through the CDC as well?

Dr. Ina Park ([11:08](#)):

Yeah, exactly. And so the state health department and the CDC.

Tammy ([11:11](#)):

Okay. And so we talked about what providers need to know, what does your average person need to know?

Dr. Ina Park ([11:17](#)):

I mean, I think if you end up with any new rash, I think, especially if you did any travel. Especially, you know what I mean, what CDC is saying is that if you are a man who has sex with men, especially if you traveled then had sex at one of these parties. And they also said even for folks who are meeting their partners on apps or online which is basically all of my patients, essentially. So they're saying if you notice new lesions or ulcers or a rash to go ahead and get checked. And classically monkeypox also comes along with a viral... What I call viral syndrome so people have a fever, maybe a headache in addition to the rash and they have swollen lymph nodes. But not all cases are presenting that way, Tammy. Some people are just having genital or rectal symptoms. So I would just say if you notice anything new down there and it's just good to be checked out in general, not to ignore things that appear in your genitals or rectal area.

Tammy ([12:17](#)):

That sounds like sound advice.

Dr. Ina Park ([12:22](#)):

Yes, exactly. So advice for life from Dr. Ina Park.

Tammy ([12:26](#)):

What can we do in terms of prevention around monkeypox, both personally and systematically?

Dr. Ina Park ([12:31](#)):

I mean, common sense stuff is that if you're with a new partner and you see something that looks unusual say, "Hey, maybe we should hold off," because one thing, and the other thing is that if somebody actually, has ulcers or lesions or blisters or something like that, those are really infectious. And they are infectious, what they'll do is it'll end up forming what we call a pustule. So it's almost like a pimple or like a little boil or something like that. It'll burst, it'll make a scab until that scab falls off and the skin is healed, it's contagious. And so if you see something unusual, it's just you need to postpone the sex to a different time.

The other thing is that, "Okay. Well, maybe we just won't have penetrative sex and we'll share the same bed or whatever and we'll do other things," but monkeypox is actually, a virus that can be transmitted through infected objects. So you shouldn't share underwear anyway, Tammy, that's another advice for life. But sharing the same bed, like infected bedsheets or other sex toys certainly or other objects. Shared clothing, towels, like that kind of stuff, monkeypox can actually, be transmitted through

objects with which many STIs don't live that long to be transmitted that way. So it's just something to consider and really if you notice anything unusual on yourself, don't do anything with anyone until you're completely healed.

Tammy ([14:11](#)):

Got it. And anything on the system level in terms of public health, what we can be thinking about at this time?

Dr. Ina Park ([14:16](#)):

I mean, the thing that's hard is that there isn't an intervention that I can say, "Everybody should wear mask or everybody should use barriers or something like that because the lesions from monkeypox can really happen all over the body." So there isn't like a really great public health intervention. I'm not going to help people tell people not to have sex, I'm not going to tell people not to go on dating apps. So I just think really it's on the individual level that we need to act and just be cautious if we noticed a new symptom in ourselves or in our partners and wait and go get checked out.

Tammy ([14:54](#)):

It makes sense. What's your take on the world's response to this monkeypox spread at this time? I know there's lots of conspiracy theories, varying degrees of caution and freak out. What's your take on it all?

Dr. Ina Park ([15:11](#)):

I mean, I'm just not someone to freak out about many things. And so I'm not really freaked out about this. I think it's in terms of the rate of spread, it's not going to be anything like COVID, I just really don't think that we're going to be under all these sexual restrictions suddenly because of monkeypox. So I think there has been some, my hysteria, there's been a lot of finger pointing and blaming and saying, this is a gay disease or whatever. I mean, this is very reminiscent of what was happening in the early AIDS epidemic. And I'm here to say a virus is a virus and it can really affect anyone. It could affect one of us if came into contact with it. We could easily be infected as well so it doesn't discriminate.

And I think our British colleagues have been fantastic, they issued some guidelines specifically for sexual health clinics about what providers should do. So that's the British Association for Sexual Health and HIV. You can go look at, the providers could go online and Google those and look at those guidelines if they're interested. So I feel like people are definitely, stepping up and understanding that because a lot of these cases are happening in men who have sex with men and that some of these folks might show up to sexual health clinics thinking they have an STI. I like how there's been a lot of collaboration between the pox virus, people and the STD people so that's been nice. But I do think that there's been a lot of media hysteria that I think is blown out of proportion. I mean, I think it's incredibly low risk still.

Tammy ([16:41](#)):

So what's your position on a worry scale for the general population from one to 10?

Dr. Ina Park ([16:45](#)):

Oh, I think it's really low at this point. I mean, we're talking like one maybe two if you happen to have traveled to an endemic area or had group sex at a party or whatever recently, you know what I mean? Otherwise, I just think your chances of getting monkeypox are very low.

Tammy ([17:06](#)):

Well, that is definitely good to hear and hopefully comforting. So I like to end our episodes with asking the question of what's one thing you hope we can create by coming together for sexual health?

Dr. Ina Park ([17:17](#)):

I mean, I think we can become educated about how many things can be sexually transmitted. And also just understand that these types of viruses or bacteria can affect all of us. And we don't want to single out communities that happen to be disproportionately affected and blame or shame any of them for what's going on. So viruses and bacterial are equal opportunities so let's just accept that and make sure we empower ourselves to do what we can do which is get tested and get checked out.

Tammy ([17:51](#)):

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